

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DP	32	5/29
FORMALITY REVIEW	Ja	720	07-03-01
RESPONSE FORMALITY REVIEW	Zm	927	09/27/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	13/29
Original	Now/SM 03/01
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20	✓
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26	↓
27	✓
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30	✓
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37	
38	↓
39	✓
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41	✓
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43	✓
44	✓
45	✓
46	↓✓
47	✓✓
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Claim	Date
Final	51
Original	
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Claim	Date
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TEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10/01  
7/7/01